



## MEMBER INFORMATION

Please complete the information below and return to your employer within 10 days of your first workday.

### Section 1 — Employee Information

Social Security no. \_\_\_\_\_

Name \_\_\_\_\_

Birth date \_\_\_\_\_  Male  Female

Address \_\_\_\_\_

City, state, ZIP code \_\_\_\_\_

First date on payroll with this employer \_\_\_\_\_ (Retired employees should indicate first day worked with this employer after retirement date.)

Are you currently receiving a monthly retirement benefit from an Ohio public employer or an alternative retirement plan (ARP)?  Yes  No If yes, please complete Section 2.

### Section 2 — Retired Employee

Only complete if you are receiving a monthly retirement benefit from an Ohio public employer or an ARP.

Retirement date \_\_\_\_\_

Type of retirement benefit:

- Service retirement  Disability  ARP

Which retirement system pays your monthly retirement benefit?

- STRS — State Teachers Retirement System of Ohio
- OPERS — Ohio Public Employees Retirement System
- SERS — School Employees Retirement System of Ohio
- OP&F — Ohio Police & Fire Pension Fund
- SHP — Highway Patrol Retirement System
- CRS — City of Cincinnati Retirement System
- ARP — Alternative Retirement Plan (option only for college and university retirees)

#### School Use Only

College and university employers: Is this employee eligible for an ARP?  Yes  No